



Development Services Department
Planning & Zoning Division

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
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PEDDLER / SOLICITOR/ SEASONAL SALES APPLICATION

DATE _____ FILING FEE _____ BUSINESS TAX # _____ CONTROL # _____

APPLICANTS NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

LOCATION: _____

PHONE NUMBER: _____ CELL NUMBER: _____

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE _____

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD _____

PERSONAL INFORMATION: Date of Birth _____ Birth Place _____ Race _____

Sex _____ Hair _____ Eyes _____ Weight _____ Height _____ Age _____

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE? IF YES STATE NATURE OF OFFENSE AND THE PUNISHMENT OF PENALTY ASSESSED

NAME OF PRESENT EMPLOYER AND ADDRESS:

VEHICLE INFORMATION: VIN # _____ Year _____

Tag # _____ Make _____ Model _____

THE FOLLOWING ARE REQUIRED AT THE TIME OF APPLICATION:

- | | |
|------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Fingerprints | <input type="checkbox"/> Property Owners Approval |
| <input checked="" type="checkbox"/> References from two Broward County Property Owners | <input type="checkbox"/> \$50.00 Clean up Bond |
| <input checked="" type="checkbox"/> Surety Bond of \$1,000.00 | <input type="checkbox"/> Proof of Portable Toilet |
| <input checked="" type="checkbox"/> Proof of Sales Tax Number | <input type="checkbox"/> Parking |
| <input checked="" type="checkbox"/> Certificate of Insurance no less than \$1,000,000.00 | <input type="checkbox"/> Health Department Permit |
| <input checked="" type="checkbox"/> 2X2 Photograph (taken in past 60 days) | |

I acknowledge that the above marked attachments are required for submission of this application. I have received a copy of section 17 of the Town of Davie Code and acknowledge the restrictions of same.

Print Applicant's Name And Title

Applicant's Signature

Police Department Approval _____

Date